EXHIBIT 5

UCC FINANCING STATEMENT Document 4027-5-il Ede'd TrX 5/8580 0/4/019/224/25 agagle 20122

FOLL	OW INSTRUCTIONS				
	AME & PHONE OF CONTACT AT FILER (op	tional)			
Acuity CxO LLC 5122929690 B. E-MAIL CONTACT AT FILER (optional)					
D. L	MALE CONTACT AT TIEER (Optional)				
	END ACKNOWLEDGMENT TO: (Name and A	NO STATE OF		BER: 20-005807273	1
Acuity CxO LLC 219 Black Wolf Run			FILING DATE: 11/18/2020 02:06 PM DOCUMENT NUMBER: 1008390830002		
Austin, TX 78738			FILED: Texas Secretary of State IMAGE GENERATED ELECTRONICALLY FOR WEB FILING		
U	SA	75		ACE IS FOR FILING OFF	
1. DEE	STOR'S NAME - Provide only one Debtor name (1a o	r 1b) (use exact, full name; do not omit, mod	dify, or abbreviate a	any part of the Debtor's name); if any part of the Individual
Debtor UCC1/	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	, check here and provide the Individual C	Debtor information i	n item 10 of the Financing St	atement Addendum (Form
	Free Speech Systems LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		L NAME(S)/INITIAL(S)	SUFFIX
20.000	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
August 1988	5 South Lamar Blvd, Suite 9-317	Austin	TX	78704	USA
100000000000000000000000000000000000000	アー ス・ / RTOR'S NAME - Provide only <u>one</u> Debtor name (2a c	ur 2h) (use exact full name: do not omit mor	dify or abbreviate a	any part of the Debtor's name	a): if any part of the Individual
	's name will not fit in line 2b, leave all of item 2 blank				
	2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
2c. MA	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
manaa		. 2			
3. SEC	CURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY) - Provide of	only <u>one</u> Secured P	arty name (3a or 3b)	
	3a. ORGANIZATION'S NAME PQPR Holdings Limited LLC				
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MA	ILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
100	Congress Avenue, 18th Floor	Austin	TX	78701	USA
(1) all accourapplic (wheth (wheth all oth intang limited Exten Pill, B Force trade the pa (2) all signal and reforego	LATERAL: This financing statement covers the follor fixtures and personal property of every kind a nts, goods (including inventory and equipment able, electronic documents), instruments, profer tangible or electronic), letters of credit, letters or not the letter of credit is evidenced by a per investment property, general intangibles (ingibles), intellectual property, domain names, tradit to the nutritional supplement marks Living CladWise, Happease, Gut Fusion, Vasobeet, Ulfodease, Icuren, Flora Life, Immune Wall, Polle, Survival Shield, and Survival Shield X-2, and names, money, deposit accounts, and any other of money; and gross revenues, receivables and proceeds and proteing obligations related thereto, and all acceptacements for, and rents, profits and producting, and any and all proceeds of any insurance of the payable to the Debtor from time to time withing.	nd nature, including all t), documents (including, if nissory notes, chattel paper er-of-credit rights writing), securities and cluding all payment ademarks (including but not eanse, Honor Roll, timate Female Force, The Real Red en Block, Alpha Power, DNA the brand Infowars Life), er contract rights or rights to d products of each of the s relating to the foregoing, tessions to, substitutions s of, each of the e, indemnity, warranty or			
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative					
6a. Check only if applicable and check only one box: Check only if applicable and check only one box: But the control of the control of the check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and check only one box: Check only if applicable and chec					ily one box.
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